APPEALS PROCESS FOR PROVIDERS REQUESTING REVISION OF THE 2006-2007 TRADITIONAL AND SAFETY NET LISTINGS FOR THE HEALTHY FAMILIES PROGRAM

CHDP provider listing:
Any CHDP provider not included on the traditional and safety net listing that believes it met the specified criteria listed in the Healthy Families Program regulations and was excluded from the list in error may appeal to the Board. The appeal must be in writing and must state that the provider believes they were incorrectly excluded from the list and include the following supporting documentation: the provider name, address, CHDP provider number, and a copy of a paid claim for a CHDP service provided to a uninsured child (non-Medi-Cal) during the service dates of July 1, 2004 through June 30, 2005. Appeals must be received by the Board by 5 p.m., December 1, 2005. Documentation received after 5 p.m., December 1, 2005 will not be accepted.

Clinic listing:
Any clinic not included on the traditional and safety net listing that believes it met the specified criteria listed in the Healthy Families Program regulations and was excluded from the list in error may appeal to the Board. The appeal must be in writing and must state that the clinic believes they were incorrectly excluded from the list and include the following supporting documentation: the clinic name, address, Medi-Cal provider identification number, documentation that the clinic is either a community clinic, free clinic, rural health clinic or county owned and operated clinic, and a copy of a paid claim for at least one child between the ages of one and eighteen enrolled in Medi-Cal receiving services from the clinic during the July 1, 2004 through June 30, 2005 time period. Appeals must be received by the Board by 5 p.m., December 1, 2005. Documentation received after December 1, 2005 will not be accepted.

Hospital listing:
Any hospital not included on the traditional and safety net listing that believes it met the specified criteria listed in the Healthy Families Program regulations and was excluded from the list in error may appeal to the Board. The appeal must be in writing and must state that the hospital believes they were incorrectly excluded from the list and include the following supporting documentation: the hospital name, address, county, hospital identification number, and documentation that the hospital was as of October 1, 2004 either an inpatient disproportionate share hospital as designated by the Department of Health Services, a University teaching hospital, a Children's hospital, or a county owned and operated general acute care hospital, or a hospital located in a county where there were no inpatient disproportionate share hospitals. Appeals must be received by the Board by 5 p.m., December 1, 2005. Documentation received after December 1, 2005 will not be accepted.

All appeals will be reviewed by the staff of the Managed Risk Medical Insurance Board. If the Executive Director of the Board finds that the provider did meet the specified criteria the provider shall be added to the appropriate list. **Appeals shall be sent to the following address:**

Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814
Attention: Carolyn Tagupa - Benefits and Quality Monitoring Division